Missouri Pharmacy Program – Preferred Drug List

Oral AntiDiabetics: Biguanides

Effective 04/13/2005
Revised 10/06/2016

Preferred Agents
- Metformin HCl
- Metformin ER (generic GlucophageXR)

Non-Preferred Agents
- Fortamet®
- Glucophage®
- Glucophage XR®
- Glumetza®
- Metformin ER (generic Fortamet)
- Metformin ER (generic Glumetza)
- Riomet®

<table>
<thead>
<tr>
<th>Approval Criteria</th>
<th>Denial Criteria</th>
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<tbody>
<tr>
<td>Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents</td>
<td>Lack of adequate trial on required preferred agents</td>
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<tr>
<td>Documented trial period for preferred agents</td>
<td>Therapy will be denied if no approval criteria are met</td>
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<td>Documented ADE/ADR to preferred agents</td>
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<tr>
<td>Documented compliance on current therapy regimen</td>
<td>Drug Prior Authorization Hotline: (800) 392-8030</td>
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